Membership Application Form of the Japan Association of Higher Education Research

As I agree with the objectives of the Association and wish to join the Association, I hereby apply for membership of the Association, submitting this year's membership fee of 10,000 yen and letters of recommendation (by two or more members of the Association). Date: / / (Seal)[Signature] Name _ Date of Birth: Home Address: TEL FAX Name of Affiliation (including college/department or section) Job Title / Status Address of Affiliation: $\overline{\top}$ TEL FAX Postal Address (Affiliation / Home) Circle one E-mail Address: * Please put circles inside the boxes of items that you wish to have appear on the membership list, and crosses in those you do not wish to appear. If you do not answer, only your name and the name of your affiliation will be included on the membership list. Home Address TEL FAX E-mail ! **Affiliation** Address TEL FAX E-mail ! **Letter of Recommendation** As this person is fully qualified to be a member of the Association, I recommend this person as a member of the Association. Date: _____ (Seal)or Signature Name Affiliation _____ Date: _____

(Seal)or Signature

To the President of the Japan Association of Higher Education Research

Affiliation _____

Name